

ALABAMA STATE TREASURER  
LINKED DEPOSIT – EMERGENCY PROGRAM  
REQUEST APPLICATION

**1. Lending Institution Information:**

Bank Name: \_\_\_\_\_ City: \_\_\_\_\_

Loan Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Wiring Instructions:

ABA: \_\_\_\_\_ for credit to account \_\_\_\_\_  
and/or Attention to: \_\_\_\_\_

**2. Borrower Information:**

Name: \_\_\_\_\_ City: \_\_\_\_\_

Purpose of Loan: \_\_\_\_\_

**3. Deposit Requested:**

Amount: \_\_\_\_\_ Term: \_\_\_\_\_

**4. Loan Information:**

Amount: \_\_\_\_\_ Term: \_\_\_\_\_

Beginning Rate: \_\_\_\_\_ less 2% equals actual loan rate of \_\_\_\_\_

**5. Certification of Lender:**

I, the undersigned, have counseled with the Borrower, read the procedures for the linked deposit emergency interim deposits program and certify to the best of my knowledge, information and belief that the loan request meets the eligibility requirements of the program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR TREASURY USE:**

\_\_\_\_ Approved:

Deposit Amount: \_\_\_\_\_ Rate: \_\_\_\_\_

Term (in months): \_\_\_\_\_ Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Request received by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Not Approved: Reason: \_\_\_\_\_